



Enrollment Assessment Section 35

► Enrollment Date: / /
mm dd yyyy

► ESM Client ID:

Provider ID:

Questions (Q) marked with ► must be completed.

Boxes marked with ★ = Refer to Key at end of form

First Name:

Middle Initial:

Last Name:

Suffix:

► 1. Client Code:

► 3. Intake/Clinician Initials:

► 3. Do you own or rent a house, apartment, or room? ☐ Yes ☐ No If the answer to Q. 3 is Yes, skip to Q. 3b, if 'No' answer Q. 3a.

3a. Are you Chronically Homeless?
(HUD Definition in Manual) ☐ Yes ☐ No

► 3b. ZIP Code of Last Permanent Address:
Do **Not** put zip code of Program. See Manual for definition of Permanent.

► 3c. Where did you stay last night?

- | | | |
|--|--|--|
| 1 <input type="checkbox"/> Emergency shelter | 7 <input type="checkbox"/> Jail, prison or juvenile detention facility | 13 <input type="checkbox"/> Foster care home or foster care group home |
| 2 <input type="checkbox"/> Transitional housing for homeless persons | 8 <input type="checkbox"/> Room, apartment, or house that you own or rent | 14 <input type="checkbox"/> Place not meant for habitation |
| 3 <input type="checkbox"/> Permanent housing for formerly homeless | 9 <input type="checkbox"/> Staying or living with a family member | 15 <input type="checkbox"/> Other Specify _____ |
| 4 <input type="checkbox"/> Psychiatric hospital or other psych. Facility | 10 <input type="checkbox"/> Staying or living with a friend | 88 <input type="checkbox"/> Refused |
| 5 <input type="checkbox"/> Substance abuse treatment facility or detox | 11 <input type="checkbox"/> Room, apartment, or house to which you
cannot return (future return can be uncertain) | |
| 6 <input type="checkbox"/> Hospital (non-psychiatric) | 12 <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher | |

► 4. Do you consider yourself to be transgender? ☐ Yes ☐ No ☐ Refused

4a. If you answered Yes to Q. 4, please specify: ☐ Male to Female ☐ Female to Male ☐ Other, specify _____

► 5. Do you consider yourself to be: ☐ Heterosexual ☐ Gay/Lesbian ☐ Bisexual ☐ Other, specify _____ ☐ Refused

► 6. Number of days between initial contact with the program by the client or someone on behalf of the client and enrollment:
If came direct from court mark zero (0). If transfer from MCI-Framingham or MASAC (Bridgewater) enter # of days spent at that facility.

► 7. Source of Referral: Select either 60 (Court Section 35) OR 67 (Department of Correction – transfer from at MCI-F or Bridgewater)

► 8. Frequency of attendance at self-help programs (e.g. AA, NA) in 30 days prior to Admission: ★

9. Additional Client Type (Check ALL that apply)

- | | | | | | |
|--------------------------------------|--|--|--|--|---|
| New <input type="checkbox"/> Student | <input type="checkbox"/> Postpartum | <input type="checkbox"/> Methadone | New <input type="checkbox"/> Injectable Naltrexone | <input type="checkbox"/> Parole | <input type="checkbox"/> Federal Parole |
| <input type="checkbox"/> Pregnant | Change <input type="checkbox"/> Veteran/ Any
Military Service | Change <input type="checkbox"/> Buprenorphine
(e.g. Suboxone) | <input type="checkbox"/> Probation | <input type="checkbox"/> Federal Probation | |

► 10. Do you have children? ☐ Yes ☐ No ☐ Refused If answer to Q. 10 is 'Yes', complete 10a-10d. If no, skip to Q. 11

10a. Number Children Under 6:

10b. Number of Children 6-18:

10c. Children Over 18:

10d. Are any of the children of the Native American race? (i.e. American Indian) 1 ☐ Yes 2 ☐ No

► 11. Are you the primary caregiver for any children? ☐ Yes ☐ No ☐ Refused
If yes, see manual If the client is the primary caregiver of children you must assess as to the children's welfare and what arrangements have been made for their care in your full clinical assessment!!!

► 12. Employment status at Enrollment: ★

► 13. Number of days worked in the past 30 days:

► 14. Where do you usually live? (Where has the client spent/slept most of the time over the last 12 months?)

- | | | | |
|--|---|--|--|
| 1 <input type="checkbox"/> House or apartment | 3 <input type="checkbox"/> Institution | 5 <input type="checkbox"/> Shelter/mission | 7 <input type="checkbox"/> Foster Care |
| 2 <input type="checkbox"/> Room/boardings or sober house | 4 <input type="checkbox"/> Group home/treatment | 6 <input type="checkbox"/> On the streets | 88 <input type="checkbox"/> Refused |

► 15. Who do you live with? (Check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Alone | <input type="checkbox"/> Child 6-18 | <input type="checkbox"/> Spouse/Equivalent | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Child under 6 | <input type="checkbox"/> Child over 18 | <input type="checkbox"/> Parents | <input type="checkbox"/> Roommate/Friend |

▶ 16. Use of Mobility Aid: (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Electric Wheelchair																																																																																																																																													
▶ 17. Vision Impairment <input type="checkbox"/> ★	▶ 18. Hearing Impairment <input type="checkbox"/> ★																																																																																																																																												
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▶ 22. During the past 12 months, did you take any prescription medication that was prescribed for you to treat a mental or emotional condition? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> Unknown																																																																																																																																													
▶ 23. Number of prior admissions to each substance abuse treatment modality (0 - 5 admissions, '5' = 5 or more, 99=unknown) Do not count this tx. episode. <input type="text"/> Detox <input type="text"/> Outpatient <input type="text"/> Drunk Driver <input type="text"/> Other <input type="text"/> Residential <input type="text"/> Opioid <input type="text"/> Section 35																																																																																																																																													
▶ 24. Currently receiving services from a state agency: (Check all that apply) <input type="checkbox"/> None <input type="checkbox"/> DMH does client have a case mgr.? <input type="checkbox"/> DTA e.g. food stamps <input type="checkbox"/> MCDHH Commission for Deaf <input type="checkbox"/> DCF was DSS <input type="checkbox"/> DDS was DMR <input type="checkbox"/> MRC Mass Rehab <input type="checkbox"/> Other <input type="checkbox"/> DYS youth services <input type="checkbox"/> DPH e.g. HIV/STD; not BSAS tx.. <input type="checkbox"/> MCB Commission for Blind <i>See manual for system generated associations (e.g. Client Type Probation – OCP services.)</i>																																																																																																																																													
▶ 25. Number of arrests in the past 30 days: <input type="text"/> (Section 35 is not an arrest, it is a civil commitment)																																																																																																																																													
▶ 26. History Substance Mis-use, Nicotine/Tobacco Use & Gambling For pharmaceutical drugs prescribed for the client, only code misuse (more than the recommended dosage) or non-medical use. (Example - If the client was prescribed a benzodiazepine for a mental health disorder and used per instruction, do not list on History Table.) Note: For the safety of the client all drugs used must be recorded in the client record. (See Manual for commercial names.)																																																																																																																																													
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Have You Ever Mis-Used/Bet</th> <th rowspan="2">Age of First Use/Bet</th> <th rowspan="2">Last Use/Bet</th> <th rowspan="2">Freq of Last Use/Bet</th> <th rowspan="2">Route of Admin Code</th> </tr> <tr> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>Alcohol</td> <td colspan="2" style="text-align: center;"><i>For Alcohol, enter first age of intoxication</i></td> <td></td> <td></td> </tr> <tr><td>B</td><td>Cocaine</td><td></td><td></td><td></td><td></td></tr> <tr><td>C</td><td>Crack</td><td></td><td></td><td></td><td></td></tr> <tr><td>D</td><td>Marijuana / Hashish</td><td></td><td></td><td></td><td></td></tr> <tr><td>E</td><td>Heroin</td><td></td><td></td><td></td><td></td></tr> <tr><td>F</td><td>Prescribed Opiates <i>Misuse/non-medical use of pharmaceutical opiates which were prescribed for the client.</i></td><td></td><td></td><td></td><td></td></tr> <tr><td>G</td><td>Non-prescribed Opiates <i>Non-medical use of pharmaceutical opiates which were not prescribed for the client</i></td><td></td><td></td><td></td><td></td></tr> <tr><td>H</td><td>PCP</td><td></td><td></td><td></td><td></td></tr> <tr><td>I</td><td>Other Hallucinogens</td><td></td><td></td><td></td><td></td></tr> <tr><td>J</td><td>Methamphetamine</td><td></td><td></td><td></td><td></td></tr> <tr><td>K</td><td>Other Amphetamines</td><td></td><td></td><td></td><td></td></tr> <tr><td>L</td><td>Other Stimulants</td><td></td><td></td><td></td><td></td></tr> <tr><td>M</td><td>Benzodiazepines</td><td></td><td></td><td></td><td></td></tr> <tr><td>N</td><td>Other Tranquillizers</td><td></td><td></td><td></td><td></td></tr> <tr><td>O</td><td>Barbiturates</td><td></td><td></td><td></td><td></td></tr> <tr><td>P</td><td>Other Sedatives / Hypnotics</td><td></td><td></td><td></td><td></td></tr> <tr><td>Q</td><td>Inhalants</td><td></td><td></td><td></td><td></td></tr> <tr><td>R</td><td>Over the Counter</td><td></td><td></td><td></td><td></td></tr> <tr><td>S</td><td>Club Drugs</td><td></td><td></td><td></td><td></td></tr> <tr><td>U</td><td>Other</td><td></td><td></td><td></td><td></td></tr> <tr><td>X</td><td>Nicotine/Tobacco <i>Includes cigarettes, cigars, chewing tobacco, inhalers</i></td><td></td><td></td><td></td><td></td></tr> <tr><td>Y</td><td>Gambling <i>Includes any of the types listed in Q28a (next page)</i></td><td></td><td></td><td></td><td>N/A</td></tr> </tbody> </table>	Have You Ever Mis-Used/Bet		Age of First Use/Bet	Last Use/Bet	Freq of Last Use/Bet	Route of Admin Code	Y	N	A	Alcohol	<i>For Alcohol, enter first age of intoxication</i>				B	Cocaine					C	Crack					D	Marijuana / Hashish					E	Heroin					F	Prescribed Opiates <i>Misuse/non-medical use of pharmaceutical opiates which were prescribed for the client.</i>					G	Non-prescribed Opiates <i>Non-medical use of pharmaceutical opiates which were not prescribed for the client</i>					H	PCP					I	Other Hallucinogens					J	Methamphetamine					K	Other Amphetamines					L	Other Stimulants					M	Benzodiazepines					N	Other Tranquillizers					O	Barbiturates					P	Other Sedatives / Hypnotics					Q	Inhalants					R	Over the Counter					S	Club Drugs					U	Other					X	Nicotine/Tobacco <i>Includes cigarettes, cigars, chewing tobacco, inhalers</i>					Y	Gambling <i>Includes any of the types listed in Q28a (next page)</i>				N/A
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27. Number of cigarettes currently smoked per day (Indicate number of cigarettes, not number of packs: 1 pack = 20 cigarettes) If client uses another type of nicotine/tobacco product, mark Zero (0). <i>If client does not have a history of nicotine/tobacco use, skip Q 27 and go to Q s 28a.</i>		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>
28a. Types of last regular gambling: (check all that apply) <i>If person does not have a gambling history go to Q.29 (Substance Ranking)</i>		
<input type="checkbox"/> Lottery -Scratch Tickets	<input type="checkbox"/> Slot Machines	<input type="checkbox"/> Sports Betting
<input type="checkbox"/> Lottery - Keno	<input type="checkbox"/> Casino Games	<input type="checkbox"/> Bingo
<input type="checkbox"/> Lottery/Numbers Games	<input type="checkbox"/> Card Games	<input type="checkbox"/> Dog/Horse Tracks, Jai Alai
<input type="checkbox"/> Stock Market		
<input type="checkbox"/> Internet Gambling		
28b. Have you ever thought you might have a gambling problem, or been told you might? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
Nicotine/Tobacco and Gambling CANNOT be marked as a primary/secondary/or tertiary drug. This applies for Substances A through U Only. IT IS VITAL THAT PATIENTS BE ASKED IF THEY HAVE a SECONDARY and/or TERTIARY DRUG OF CHOICE. Clinicians may rank substances based on their clinical opinion after review of the substance use history and not necessarily client report.		
29. Rank substances by entering corresponding letter for substances listed above in Question 26. (If no secondary or tertiary substance, leave blank)		
Primary Substance <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	Secondary Substance <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>	Tertiary Substance <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>
30. Needle Use?		
0 <input type="checkbox"/> Never 1 <input type="checkbox"/> 12 or more months ago 2 <input type="checkbox"/> 3 to 11 months ago 3 <input type="checkbox"/> 1 to 2 months ago 4 <input type="checkbox"/> Past 30 days 5 <input type="checkbox"/> Last week		
31a. How many overdoses have you had in your lifetime? <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	31b. How many overdoses have you had in past year? <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
32. Court issuing the commitment:		
33. Petitioner:		
<input type="checkbox"/> Self	<input type="checkbox"/> Family Member	<input type="checkbox"/> Hospital
<input type="checkbox"/> Court / Probation		<input type="checkbox"/> Police
34. Does the Client have pending criminal charges? 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 99 <input type="checkbox"/> Unknown		
34a If answered Yes to Q. 34 please specify the pending charges. If answered 'No', go to Q 35		
<input type="checkbox"/> Drug Offenses	<input type="checkbox"/> Property Offenses	<input type="checkbox"/> Probation Violation
<input type="checkbox"/> Sexual Offenses	<input type="checkbox"/> Personal Offenses	<input type="checkbox"/> Other
35 Does client have a psychiatric diagnosis? 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 99 <input type="checkbox"/> Unknown		
36. Did client take psychotropic medication anytime within the last SIX months prior to detoxification? <i>If 'Yes' to Q 36, answer Q 36a. If 'No' to Q 36, go to Q 37.</i>		
01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 99 <input type="checkbox"/> Unknown		
36a. If answered Yes to Q. 36, please specify category of psychotropic medication taken. (Check all that apply.)		
<input type="checkbox"/> Anti-depressants	<input type="checkbox"/> Mood Stabilizers	<input type="checkbox"/> Psycho-Stimulants
<input type="checkbox"/> Anti-Psychotics		<input type="checkbox"/> Anti-Anxiety
37. How many admissions has client had for acute inpatient psychiatric care in the last six months? <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		

★Q 8 Frequency of Attendance at Self-Help Programs			
Code		Code	
01	No attendance in the past month	05	16-30 times in past month (4 or more times per week)
02	1-3 times in past month (less than once per week)	06	Some attendance, but frequency unknown
03	4-7 times in past month (about once per week)	99	Unknown
04	8-15 times in past month (2 or 3 times per week)		

★Q 12 Employment Status at Enrollment					
Code		Code		Code	
1	Full Time Employment – Working Full Time	6	Not in Labor Force - Retired	11	Volunteer
2	Part time Employment – Working Part Time	7	Not in Labor Force - Disabled	12	Other
3	Unemployed – Looking for Work	8	Not in Labor Force - Homemaker	13	Maternity/Family Leave
4	Unemployed – Not looking for Work	9	Not in Labor Force - Other	99	Unknown
5	Not in Labor Force – Student	10	Not in Labor Force - Incarcerated		

★Q. 17 Vision Impairment	
Code	
0	None: Normal Vision
1	Slight: Vision can be or is corrected with glasses/lenses
2	Moderate: "Legally blind" but having some minimal vision
3	Severe: No usable vision

★Q. 18 Hearing Impairment	
Code	
0	None: Normal hearing requiring no correction
1	Slight: Hearing is or can be adequately corrected with amplification (eg hearing aid)
2	Moderate: Hard of hearing, even with amplification
3	Severe: Profound deafness

★Q. 19 Self Care/ADL Impairment	
Code	
0	None: No problem accomplishing ADL skills such as bathing, dressing and other self care
1	Slight: Uses adaptive device(s) and/or takes additional time to accomplish ADL but does not require attendant
2	Moderate: Needs personal attendant up to 20 hours a week for ADL
3	Severe: Requires personal attendant for over 20 hours a week for ADL

★Q. 20 Developmental Disability	
Code	
0	None
1	Slight developmental disability
2	Moderate developmental disability
3	Severe developmental disability

★Q. 26 KEY FOR History Substance Mis-use, Tobacco Use & Gambling

Last Use Substances	
Code	
1	12 or more months ago
2	3-11 months ago
3	1-2 months ago
4	Past 30 days
5	Used in last week

Frequency of Last Use	
Code	
1	Less than once a month
2	1-3 times a month
3	1-2 times a week
4	3-6 times a week
5	Daily
99	Unknown

Route of Administration	
Code	
1	Oral
2	Smoking
3	Inhalation
4	Injection
5	Other